

### PERSONAL

REV'D 1/17

Last Name: _____ First Name: _____ M.I. _____	Address: _____ City: _____ State: _____ Zip: _____ How long have you lived in CT? _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____	Social Security #: _____ E-mail Address: _____
Are you legally eligible for employment in the USA? <p style="text-align: center;"><b>YES      NO</b></p>	Emergency Contact Name: _____ Phone: _____
Available to Start: Days Available: <b>M   TU   W   TH   F   SA   SU</b> Shift Available: <b>1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup></b> Can you work on holidays? <b>YES      NO</b>	Are you 18 years or older? <p style="text-align: center;"><b>YES      NO</b></p> Hourly Rate Required: \$ _____ Transportation how will you travel to work: <b>Own Car _____ Bus line _____ Access to Car _____ Get Ride _____</b> Distance you are willing to travel? <b># of Miles _____ # of Minutes/Hours _____</b>
Three primary administrative skills: 1) _____ 2) _____ 3) _____	Other employment agencies worked for: _____ How did you hear about Reitman? _____
Three primary industrial skills: 1) _____ 2) _____ 3) _____	

### EDUCATION

High School:	Did you graduate? <b>YES      NO</b> Year: _____
	GED? <b>YES      NO</b> Year: _____
College or University Attended:	From: _____ To: _____
Major: _____	Minor: _____
	GPA: _____ Degree/Certificate: _____

### EMPLOYMENT HISTORY (Most Recent First)

Dates: From: _____ To: _____	Employer: _____	Address: _____	Phone: _____
Your Job Title: _____	Supervisor's Name & Title: _____	Hourly Salary: _____	Reason for Leaving: _____
Duties & Responsibilities: _____			

Dates: From: _____ To: _____	Employer: _____	Address: _____	Phone: _____
Your Job Title: _____	Supervisor's Name & Title: _____	Hourly Salary: _____	Reason for Leaving: _____
Duties & Responsibilities: _____			

Dates: From: _____ To: _____	Employer: _____	Address: _____	Phone: _____
Your Job Title: _____	Supervisor's Name & Title: _____	Hourly Salary: _____	Reason for Leaving: _____
Duties & Responsibilities: _____			

**CONTINUED OTHER SIDE**

**CANDIDATE HIRE AGREEMENT (Please Read Carefully):**

Reitman Personnel (RP) is an Equal Opportunity and Drug Free Employer. Your signature indicates your understanding and agreement to the following:

- Your employment as a temporary employee is at will.
- Once I have accepted an assignment, I will make every effort to complete it.
- I must call RP within 3 days upon completion of my assignment with my availability; failure to do so will be considered my official resignation. I must continue to notify RP of my availability to remain an active candidate.
- I agree to RP's Temp to Hire policy. If I accept employment without RP's written authorization, I will pay a \$1,000 placement fee and any attorney fees required for collection. For a period of 6 months following the conclusion of my assignment, I will not accept employment at any RP client company where I have been assigned without written authorization.
- In the event a client company's name is divulged to me, I will not accept employment at that client company for a period of 6 months following the date of that discussion (1 year for permanent placement applicants) or I will pay a \$1,000 placement fee and any attorney fees required for collection.
- I authorize RP to collect and release employment references, application information, drug/alcohol tests, criminal background, and credit checks to its clients when required for placement.
- In the event I am injured on the job, my application authorizes RP to provide all relevant injury and employment information including wages, and lost time to their health care provider and insurance carriers and I authorize them to provide treatment and share all medical information.

I received a copy of Reitman's Orientation Booklet. I understand that this agreement and the orientation booklet is my contract with RP and my signature confirms my agreement to all terms and conditions therein, including release of job related application and medical records. The information I have provided is correct to the best of my knowledge. I understand that providing false information will disqualify me for employment. I understand withholding relevant safety information may disqualify me for employment and may void workers compensation coverage.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Tax Forms Completed:</b> I-9 ___ Yes ___ No    W-4 ___ Yes ___ No Need: _____	<b>I.D. Requirements Met:</b> ___ Yes ___ No Need: _____	<b>Checked By:</b>  _____
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<b>Gen Clerical:</b> _____% _____ of _____	<b>Typing:</b> _____ WPM _____ Errors	<b>Data Entry:</b> _____% _____ Mistakes _____ # Strokes _____ Time Taken	<b>Excel:</b> _____% _____ of _____	<b>Word:</b> _____% _____ of _____	<b>Misc Testing</b>
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MMA	MA	PA	I	Interviewed By:	3 PRIMARY SKILLS
					1) 2) 3)

Can we send you to a client who requires a criminal check YES/NO? PLEASE EXPLAIN:

MISCELLANEOUS NOTES/SAFETY ISSUES/ACCOMODATIONS REQUIRED: